

**EXHIBIT 3, Part 1,**  
**to Answer and Affirmative Defenses of**  
**Liberty Insurance Underwriters, Inc.**

**(consisting of Liberty Policy No. AEE196887-0105)**



NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. COVERAGE APPLIES TO CLAIMS THAT ARE FIRST MADE AGAINST YOU DURING A POLICY YEAR WITHIN THE POLICY PERIOD, AND FIRST REPORTED TO US WITHIN THAT POLICY YEAR, OR WITHIN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY FOR A WRONGFUL ACT COMMITTED ON OR AFTER THE RETROACTIVE DATE, IF APPLICABLE, AND BEFORE THE END OF THE POLICY YEAR. PLEASE READ THE POLICY CAREFULLY.

## Architects, Engineers & Environmental Services Professional Liability Insurance Policy

<b>Company</b>	Liberty Insurance Underwriters Inc. 55 Water Street, 18 <sup>th</sup> Floor New York, NY 10041	<b>Producer</b>	Hobbs Group/AVA Insurance Agency, Inc. 425 North Martingale Road, Suite 1100 Schaumburg, IL 60173
<b>Policy No.</b>	AEE196887-0105	<b>Renewal of</b>	AEE196887-0104

### DECLARATIONS

<b>Item 1.</b>	Named Insured and Mailing Address: VOA Associates Incorporated 224 South Michigan Avenue Chicago, IL 60604
<b>Item 2.</b>	<b>Policy Period:</b> 12/05/05 to 12/05/06 (at 12:01 AM local time at the address of the Named Insured as stated in Item 1 above)
<b>Item 3.</b>	<b>Limits of Liability (inclusive of Claims Expenses):</b> A. \$2,000,000 Each Claim B. \$4,000,000 Policy Year Aggregate
<b>Item 4.</b>	<b>Deductible (inclusive of Claims Expenses):</b> A. \$200,000 Each Claim B. Not Applicable Policy Year Aggregate
<b>Item 5.</b>	<b>Premium:</b> \$245,060.00
<b>Item 6.</b>	<b>Retroactive Date (if applicable):</b> 01/01/69
<b>Item 7.</b>	<b>Knowledge Date:</b> 12/05/03
<b>Item 8.</b>	<b>Claims and/or Underwriting Notification:</b> Liberty International Underwriters, 55 Water Street, 18th Floor, New York, NY 10041 Attn: A&E Claims Department Telephone: (800) 677-9163 Fax: (212) 208-4290
<b>Item 9.</b>	Endorsements attached at Policy effective date: AEE001 (05/2002), AEE002 (05/2002), AEE008 (05/2002), AEE012 (05/2002), AEE024 (05/2002), AEE033 (05/2002), AEE035 (05/2002), AEE066 (05/2002), AEE067 (05/2002), AEE127 (06/2002), AEE129 (06/2002) LIUI IL 09 98 01 05, LIUI CG21701102 (01/05)

This Declarations page together with the Architects, Engineers & Environmental Services Professional Liability Insurance Policy shall constitute the contract between the Named Insured and the Company.

**DATE:** 1/6/06  
Mo./Day/Yr.

AUTHORIZED REPRESENTATIVE



## Cap on Losses from Certified Acts of Terrorism

This endorsement, which is effective at 12:01AM on 12/05/05  
Forms a part of policy number AEE196887-0105  
Issued to VOA Associates Incorporated  
By **Liberty Insurance Underwriters Inc.**

The following is hereby added to the Policy and shall apply to all coverages:

With respect to any one or more "certified acts of terrorism", Liberty Insurance Underwriters Inc. (hereinafter "we" or "us") will not pay any amounts for which we are not responsible under the terms of the federal Terrorism Risk Insurance Act of 2002 (including subsequent acts of Congress pursuant to the Act) due to the application of any clause which results in a cap on our liability for payments for terrorism losses.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act of 2002. The federal Terrorism Risk Insurance Act of 2002 sets forth the following criteria for a "certified act of terrorism":

1. The act resulted in aggregate losses in excess of \$5 million; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the Policy or affect the conduct of the United States Government by coercion.

**All other terms and conditions of this policy remain unchanged.**



**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT OF 2002. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

**DISCLOSURE OF PREMIUM THROUGH 12/31/05 FOR  
CERTIFIED ACTS OF TERRORISM COVERAGE  
(PURSUANT TO TERRORISM RISK  
INSURANCE ACT OF 2002)**

This endorsement, which is effective at 12:01 AM on 12/05/05

Forms a part of policy number AEE196887-0105

Issued to VOA Associates Incorporated

By **Liberty Insurance Underwriters Inc.**

**SCHEDULE**

**Terrorism Premium (Certified Acts) through 12/31/05 \$0**

**Additional information, if any, concerning the terrorism premium:**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.





**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT OF 2002. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

**A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act of 2002, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under that Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

**C. Possibility Of Additional Premium**

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act of 2002. The federal program established by the Act is scheduled to terminate at the end of 12/31/05 unless extended by the federal government. Continuation of coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion on this policy. If coverage continues past 12/31/05, we will calculate the premium for such period of time and charge additional premium if indicated.

If we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

Liberty Insurance Underwriters, Inc.

EXCLUDED ENTITIES ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

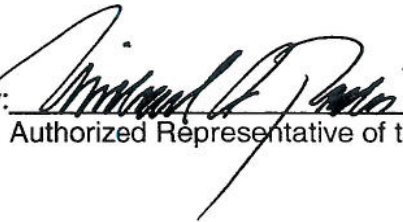
This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 1  
Issued to: VOA Associates Incorporated

It is agreed VI. EXCLUSIONS, is amended by adding the following:

This Policy does not apply to and we shall not be liable for **Damages** and/or **Claims Expenses** resulting from any **Claim** or **Circumstance** made against you for, based upon, or arising from **Professional Services** performed by the following entities:

Studio A  
Marcos Leite Bastos, Sao Paulo, Brazil

Accepted by:



Authorized Representative of the Named Insured

Date: 5.2.06

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:



Authorized Agent

Form No. AEE008 (05/2002)

RECEIVED

MAY 10 2006

BY: SB/RS

Liberty Insurance Underwriters, Inc.

EXCLUDED ENTITIES ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 1  
Issued to: VOA Associates Incorporated

It is agreed VI. EXCLUSIONS, is amended by adding the following:


This Policy does not apply to and we shall not be liable for **Damages** and/or **Claims Expenses** resulting from any **Claim** or **Circumstance** made against you for, based upon, or arising from **Professional Services** performed by the following entities:

Studio A  
Marcos Leite Bastos, Sao Paulo, Brazil

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative of the Named Insured

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE008 (05/2002)

Liberty Insurance Underwriters, Inc.

NAMED INSURED/MAILING ADDRESS ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 2 Issued to: VOA Associates Incorporated

by the Company shown above is changed as follows:

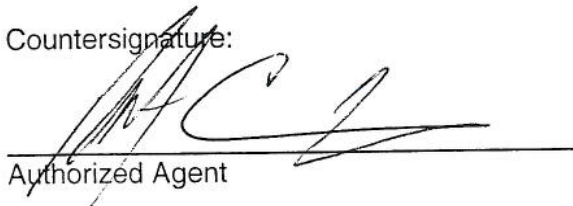
It is agreed the Declarations, Item 1., is amended as follows:

Named Insured is amended to include:

VOA Associates Incorporated  
VOA International Services  
VOA Nevada LLC  
VOA Associates, Inc. DBA: Lynn Wilson International but only for **Professional Services** performed subsequent to 9/1/96 and prior to 12/15/97  
Vickrey/Ovresat/Awsumb Associates, Inc.  
Vickrey/Powell Incorporated  
Vickrey/Klein and Kikuchi, Inc.  
Vickrey/Wines Associates Incorporated  
VOA Associates  
VOA/LB S/C LTDA  
Logic Facilities Management, but only for **Professional Services** performed subsequent to 11/18/00  
Vickrey/Ovresat/Awsumb Associates, Incorporated  
VOA, Ohio, LLC

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:



Authorized Agent

Form No. AEE033 (05/2002)



Liberty Insurance Underwriters, Inc.

EXTENDED REPORTING PERIOD OPTION ENDORSEMENT – ILLINOIS

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 3  
Issued to: VOA Associates Incorporated

In the event of "termination" of your Policy, you may elect one twelve (12) month Extended Reporting Period subject to the following provisions:

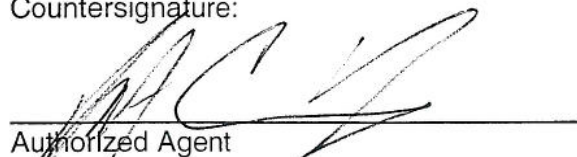
1. Coverage afforded under this Extended Reporting Period option will apply to **Claims** resulting from your **Professional Services** performed prior to termination of this Policy, provided the **Claim** is made against you and reported to us during the Extended Reporting Period.
2. If you elect this Extended Reporting Period option, you must elect this option in writing within thirty (30) days of the termination of this Policy or within fifteen (15) days of our coverage offer, whichever is latest, and pay the additional premium at that time.
3. An Endorsement will be issued showing the term of the Extended Reporting Period and the amount of premium.
4. The premium for the Extended Reporting Period Option will be calculated according to the Company's rating plan in effect at the time this Policy was issued. The premium for this option will be 200% of the last annual Policy premium.
5. This option is not available if you obtain other insurance to cover the claims which would otherwise be covered by this option.
6. Upon electing this option, the premium is fully earned by us and the Extended Reporting Period cannot be canceled.

"Termination" includes cancellation, non-renewal, expiration, or reduction in coverage of the Policy.

IF YOU DO NOT ELECT THIS OPTION,  
YOU WILL NOT BE INSURED BY US AFTER THE TERMINATION OF THIS POLICY.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE066 (05/2002)

Liberty Insurance Underwriters, Inc.

CANCELLATION / NON-RENEWAL CONDITION ENDORSEMENT – ILLINOIS

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 4  
Issued to: VOA Associates Incorporated

It is agreed that VII. CONDITIONS, G. Notice of Cancellation, is deleted and the following substituted:

G. Notice of Cancellation

This Policy may be canceled by the first Named Insured, identified in the Declarations, by surrender of this Policy to us or our authorized representative or by giving us written notice stating when thereafter such cancellation shall be effective.

After this insurance has been in effect for sixty (60) days or more, we will not cancel this Policy except for one or more of the following reasons:

- (a) Nonpayment of premium;
- (b) The Policy was obtained through a material misrepresentation;
- (b) Any insured violated any of the terms and conditions of the Policy;
- (c) The risk originally accepted has measurably increased;
- (d) Certification to the Director of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
- (e) A determination by the Director that the continuation of the Policy could place the insurer in violation of the insurance laws of this State.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Liberty Insurance Underwriters, Inc.

CANCELLATION / NON-RENEWAL CONDITION ENDORSEMENT – ILLINOIS

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 4  
Issued to: VOA Associates Incorporated

If we cancel this policy, we will mail to the first Named Insured, on behalf of all **Insureds**, written notice of cancellation. We will provide at least thirty (30) days notice before the effective date of cancellation if we cancel for non-payment of premium. If we cancel for any other reason we will provide at least sixty (60) days notice before the effective date of cancellation.


If this policy is canceled, we will send the first Named Insured any premium refund due. The refund will be pro rata. The cancellation will be effective even if we have not made or offered a refund.

We will give you written notice sixty (60) days prior to the expiration of this policy if we do not intend to renew this insurance subject to any state requirements. The notice will include our reason for non-renewal.

If notice is mailed, proof of mailing will be sufficient proof of notice.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
\_\_\_\_\_  
Authorized Agent

Form No. AEE067 (05/2002)

Page 2 of 2



Liberty Insurance Underwriters, Inc.

OTHER INSURANCE ENDORSEMENT - ILLINOIS

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 5  
Issued to: VOA Associates Incorporated

It is agreed that VII. Conditions, H. Other Insurance is deleted and the following substituted:

H. Other Insurance

If other valid or collectible professional liability insurance is available to any **Insured** for any **Claim** we cover, our obligations are limited as follows:

1. Primary Insurance

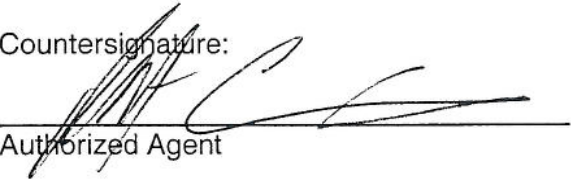
This insurance is primary except when 2. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all other insurance by the method described in 3. below.

2. Excess Insurance

This insurance is excess over any other insurance, whether primary, excess, contingent or on any other basis, but specific exclusions in the policy shall apply. When this insurance is excess, we will not defend any claim or suit that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so, but we will be entitled to the **Insured's** rights against all other insurers.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent



Liberty Insurance Underwriters, Inc.

OTHER INSURANCE ENDORSEMENT - ILLINOIS

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 5  
Issued to: VOA Associates Incorporated

When this insurance is excess over other insurance, we will pay only our share of the amount of the damages and allocated claims expenses, if any, that exceeds the sum of:

- a. the total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- b. the total of all deductible and self-insured amounts under all the other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations.

3. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal share, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE127 (06/2002)

Page 2 of 2

Liberty Insurance Underwriters, Inc.

DEFINITION OF DAMAGES - ILLINOIS

This Endorsement changes the Policy. Please read it carefully.


This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the  
Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 6  
Issued to: VOA Associates Incorporated

It is agreed V. DEFINITIONS, F. "**Damages**" is deleted and the following substituted:

- F. "**Damages**" means compensatory monetary amounts for which you may be held legally liable including judgment (inclusive of any post-judgment interest), awards, or settlements negotiated with our approval. **Damages** do not include any return, withdrawal or reduction of professional fees, profits or other charges, or fines, sanctions, taxes, penalties or awards deemed uninsurable pursuant to any applicable law. **Damages** include punitive or exemplary damages or the multiple portion of any multiplied damage award unless such **Damages** are uninsurable pursuant to applicable law. Punitive damages are only payable due to vicarious liability in the State of Illinois.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE129 (06/2002)

Liberty Insurance Underwriters, Inc.

NOTICE OF CANCELLATION TO OTHER PARTIES ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the  
Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 7  
Issued to: VOA Associates Incorporated

It is agreed that VII. CONDITIONS. G. Notice of Cancellation, is amended by adding the  
following provision:

In the event this Policy is to be canceled by you or by us, we agree to give 30 days  
prior notice to the party(s) listed below.

This provision does not apply if cancellation is due to non-payment of premiums to us or  
to a finance company authorized to cancel this Policy.

Notice to:

Brevard County Parks & Recreation Administration  
Attn: Cathy Lively  
2725 Judge Fran Jamieson Way  
Viera, FL 32940

Northwestern Memorial Hospital  
Attn: Contract Specialist  
240 East Ontario Street  
Chicago, IL 60611

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE035 (05/2002)

Liberty Insurance Underwriters, Inc.

Amendatory Endorsement

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 8  
Issued to: VOA Associates Incorporated


It is agreed that except for the project designated below, if there is other collectible insurance, including but not limited to project specific insurance that applies to a **Claim** covered by this Policy the other insurance must pay first and this Policy is excess over the other insurance. The Policy applies to the amount of the **Claim** that exceeds the available limits of liability and any deductibles or retention amounts of the other insurance.

In the event of a **Claim** on the project designated below, this Policy will be primary.

Project: McCormick Place

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE012 (05/2002)



Liberty Insurance Underwriters, Inc.

OTHER INSURANCE

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 9  
Issued to: VOA Associates Incorporated

It is agreed VI. EXCLUSIONS, is amended by adding the following:

This Policy does not apply to and we shall not be liable for **Damages** and/or **Claims Expenses** resulting from any **Claim** or **Circumstance** made against you for which you are an insured on any other liability insurance policy that covers professional liability, including any project policy. This exclusion applies even if the **Claim** is not covered by that policy for any reason, including an exclusion or reduction or exhaustion of the limits of liability.

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
Authorized Agent

Form No. AEE024 (05/2002)

Liberty Insurance Underwriters, Inc.

NOTICE OF CANCELLATION TO OTHER PARTIES ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 10  
Issued to: VOA Associates Incorporated

It is agreed that VII. CONDITIONS. G. Notice of Cancellation, is amended by adding the following provision:

In the event this Policy is to be canceled by you or by us, we agree to give 30 days prior notice to the party(s) listed below.

This provision does not apply if cancellation is due to non-payment of premiums to us or to a finance company authorized to cancel this Policy.

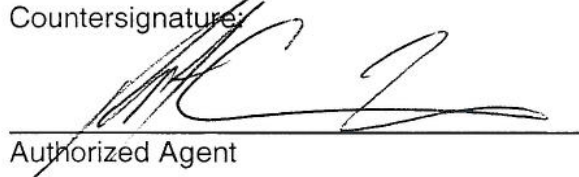
Notice to:

Cadell Construction  
Ken Sexton  
P.O. Box 210099  
Montgomery, AL 36121-0099

US Army Corps of Engineers  
Ken Sexton  
P.O. Box 889  
Sexton, GA 31402-0889

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:



Authorized Agent

Form No. AEE035 (05/2002)

Liberty Insurance Underwriters, Inc.

SPECIFIC PROJECT EXCESS ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

This Endorsement, effective on 12/05/05 at 12:01 A.M. standard time at the address of the  
Named Insured forms a part of Policy Number: AEE196887-0105 as Endorsement No.: 11  
Issued to: VOA Associates Incorporated

In consideration of an additional premium of \$15,000., it is agreed that Declarations,  
Item 3. Limits of Liability, is amended by adding the following Specific Project Excess  
Limits:

Specific Project Excess	Each Claim	Aggregate
	\$3,000,000	\$1,000,000

The Specific Project Excess Limits shall apply only in the event the Limits of Liability  
stated in Declarations, Item 3., have been exhausted by payment of **Damages** and/or  
**Claims Expenses** either for the specific named project or for any other **Claim**.

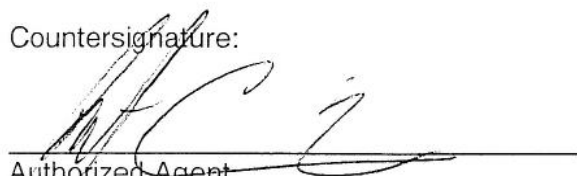
The Specific Project Excess Limits established by this Endorsement may be reduced  
and/or exhausted by payments of **Damages** and/or **Claims Expenses** involving the  
project designated below or **Damages** and/or **Claims Expenses** of unrelated projects  
that are paid pursuant to any other Specific Project Excess /or Specific Client Excess  
Endorsement attached to this Policy, or combination thereof.

Specific Project: University of Illinois renovation & expansion of the Intramural Physical  
Education Building at the U of I, Champaign

Additional Premium Due: \$15,000.00

ALL OTHER TERMS & CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Countersignature:

  
\_\_\_\_\_  
Authorized Agent  
Form No. AEE016 (05/2002)